DEPARTMENT OF IOMELAND SECURITY I.S. COAST GUARD CG-5197((Rev.::13-03)	OCCUPATIONAL HEALTH SURVEILLANCE QUESTIONNAIRE								DATE OF SUBMISSION			
IAME	RANK/RATE	HOME A	ADDRES	S/MILITAR	UNIT	SEX DATE OF BIRTH			CURRENT JOB DESIGNATION			
					PAR	I - OCCUPATIONAL HISTORY						
INSTRUCTIONS: Please present job or military assi	complete the followin gnment, and list all jo	g work history bs you have h	; begin w eld.	ith you	ır	Be as specific as possible; if title and activity. Use addition	you held more nal sheets as r	than one job w needed.	ith the same em	nployer, list	t each job	
COMPANY OR MILITARY UNIT County and state where worked		DATES WORKED		FULL/PART TIME JOB CHECK		JOB TITLE AND WORK ACTIVITIES	POTENTIAL HAZARDS EXPOSED TO				PROTECTIVE EQUIPMENT WORN	
		FROM MO/YR	TO MO/YR	FULL PART		WORK ACTIVITIES	PH' Noise, \	YSICAL vibration, etc.	CHEMICAL Heavy metals, Freon, solvents etc.		Respirator, ear plugs, etc.	

SECONDARY (MOONLIGHTING) JOBS YOU HAVE HELD (Firefighter, farmer, etc.)										DATES (MO/YR)					
JOB TITLE											то				
HOBBIES & ACTIVE SPORTS (Past and present, such as painting	g, wood	lwork	ring, s	scube	a diving, etc	:.)	FRO								
WORK RELATED EXPERIENCES, COMMENT ON (Those you fee	l may h	ave	been	ham	nful to your	health)									
PART II - RESPIRATORY SYMPTOMS															
Since your last examination or visit to the doctor, have		$\overline{}$						VEO	N	$\overline{}$	NOT	OUDE			
SYMPTOM a. COUGH	YES	r	NO	N	OT SURE	SYMPTOM h. EXPECTORATION (PHLEGM)		YES	N	- +	NOI	SURE			
b. FEVER		ti	=			i. STUFFY NOSE				$\dagger \dagger$	十	†			
c. CHILLS						j. EYES BURNING OR WATERING				Ī		ī			
d. MUSCLE ACHES						k. THROAT SORE OR BURNING				\Box					
e. SHORTNESS OF BREATH						I. LOSS OF APPETITE			L	\bot					
f. CHEST PAINS, ACHING, TIGHTNESS, BURNING		1	4	<u> </u>		m. WEIGHT LOSS		Щ	Ļ	\dashv	<u> </u>	<u> </u>			
g. WHEEZING DO YOU SMOKE CIGARETTES, CIGARS OR PIPE		+		\vdash		HOW OLD WERE YOU WHEN YOU BEGAN TO SM	OKE CIGARI	ETTES: (CIGA	RS O	R PIP	 E?			
							3.0,00	0, \		3		=			
NUMBER OF CIGARETTES, CIGARS OR PIPEFULS SMOKED DAILY. GIVE BEST ESTIMATE (A pack contains 20 cigarettes)															
CIGARETTES/DAY PIPEFULS/DAY															

PRIVACY ACT STATEMENT

Under Title 5 USC 552a(e)(3), the following information is provided to you when supplying personal information to the U.S. Coast Guard.

- 1. AUTHORITY WHICH AUTHORIZED THE SOLICITATION OF THE INFORMATION: Occupational Safety Act of 29 December 1970, P.L. 91-596, 91st Congress S-2193.
- PRINCIPAL PURPOSE(S) FOR WHICH THE INFORMATION IS INTENDED TO BE USED: To collect and monitor occupational safety and health hazards exposures of Coast Guard civilian and military personnel.
- 3. THE ROUTINE USES WHICH MAY BE MADE OF THE INFORMATION: To provide health care to affected personnel and to establish a data base of information for the enhancement of the physical environment.
- 4. DISCLOSURE OF THE INFORMATION IS MANDATORY AND THE EFFECTS ON THE INDIVIDUALS, IF ANY, OF NOT PROVIDING ALL OR ANY PART OF THE REQUESTED INFORMATION: It could result in incomplete or insufficient health care for the individual(s) and could prevent the removal or correction of existing hazard, due to incomplete or inadequate information.